

NOTICE OF AUTHORIZED SERVICES

George G Giovannone, PT
1219 Dolsontown Rd
Middletown, NY 10940

Date: Nov 10, 2011
Subscriber: Robert McClorey
Certificate No.: 930699731
Patient: Jacqueline McClorey
Service Provider:
Start of Care Date: Nov 08, 2011
Reference No.: 0004294404
Coverage Type: Medical

ENV 442 2 OF 2 F

Dear Provider,

The Coordinated Care Department received a request to authorize Physical/Occupational Therapy service(s) for the patient named above. We have authorized the following services:

	From	To
Physical Therapy:	16 Visits	Nov 08, 2011
		Dec 31, 2011

Treatment must be continuous for this particular episode of care and authorized visits must be utilized within the time period specified in this determination. Once a total of 32 visits (including base benefit) have been authorized for a particular treatment area, no additional services will be authorized unless accompanied by a copy of a current prescription from the treating physician which must include diagnosis, frequency and duration of therapy. A prescription must also accompany any requests for services for new treatment areas.

This authorization is a determination of medical necessity only. It applies only to the specific provider and service(s) shown above. Authorization does NOT guarantee payment of benefits for these services. Payment depends on the member's plan on the date(s) the services are provided. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description. Examples of coverage limits/exclusions include copay charges, deductibles and coinsurance; annual, lifetime or episodic maximums; and pre-existing conditions.

In addition, any benefits pursuant to this authorization will be determined in accordance with the participation status of the provider(s) at the time of the service. The cost sharing and coverage terms that apply to the service(s) may vary depending upon the provider's participation status and the terms of the member's plan. If the member's plan does not include an out of network benefit for a particular service(s), the member will be responsible for 100% of the cost of such service(s) if it is performed by a non-participation provider. To confirm provider participation status, please visit GHI's website at www.GHI.com.

If you have any questions, please call Coordinated Care at 800-223-9870, prompt 6. If you require additional services, please fax the clinical information to 212-946-7514.

Please use the reference number shown above in all communications.

Sincerely,

Case Manager
GHI, Coordinated Care Department

Note: The patient and doctor make the final decision about medical treatment.

cc: Jacqueline McClorey

11/10/11 4:25:11

AUTH_MHC 2011_1110_133354_Neung

www.ghi.com

Group Health Incorporated (GHI) is an EmblemHealth company.

NAME Jacques McClorey DATE 10/25/11
PHYSICIAN Ahmad
DIAGNOSIS (D) Shoulder arthroscopy / SLAP repair
TREATMENT _____

FREQUENCY/DURATION _____

EVALUATION

COMPLAINT: 16 yd full force
7 am sale 8/10
cl instability in the DSE, pain in the DSE

NATURE/ONSET OF INJURY: Playing softball in early spring 2010

X-RAYS: (-) MRI prior to surgery SLAP lesion

OTHER TESTS AND FINDINGS: SLAP lesion August 2010 - Had P.T. 2x for 6 weeks prior
Post Surgery 2x/week from Sept - May 2011 parallel to P.T.

MEDICATION PRESCRIBED: none

GENERAL HEALTH: Good health PSLT SLAP repair August 2010

OBJECTIVE TESTS ON REVERSE SIDE

ASSESSMENT: (D) Self scope SLAP repair / dysfunction in (D) Scapula

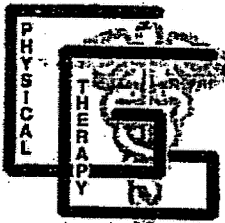
INITIAL TREATMENT: 1) PAH at pre work DSE Self fixation
2) T-Band 3 way - no fixation
3) Scapula
4) cl

GOALS: 1) ↓ DSE pain, Restore function PSLT - the DSE
2) _____
3) _____

TREATMENT PLAN: 1) PAH at pre work DSE x15
2) T-Band 3 way
3) Scapula 3 way ex 2nd P.T. follow E Scapula
4) Self stabilization / stabilization
5) Therapy 2x/week for 6 weeks
6) cl post op

Signature George Aronson PT.

REVIEW _____



GEORGE GIOVANNONE PHYSICAL THERAPY, P.C.

1219 DOLSONTOWN ROAD • MIDDLETOWN, NY 10940 • TELEPHONE 845-344-1899 • FAX 845-344-1836

Patient Authorization

Patient Name: Jacqueline McClorey

Release of Information

All information provided herein is true and correct. I hereby consent to treatment.

I give permission to George Giovannone Physical Therapy, P.C. (GGPT) to release information, verbal and written, contained in my medical record, and other related information, to my insurance company, rehab nurse, case manager, attorney, employer, school, related healthcare provider, assignees and/or beneficiaries and all other related persons as it relates to my treatment.

I authorize GGPT to obtain medical records and/or professional information from my physician as it relates to my treatment.

Information without patient identifiers may be used for quality assurance purposes

I have read and understand the above release.

Patient or Guardian Signature: Robert McClorey Date 10/25

Assignment of Benefits

I authorize payment directly to GGPT for services. This is a direct assignment of my rights and benefits under this policy. A photocopy of this assignment shall be considered as effective and valid as the original.

Patient or Guardian Signature: Robert McClorey Date 10/25

Notice of Privacy Practices (HIPAA Acknowledgement/Consent)

I hereby acknowledge that I have read a copy of The Notice of Privacy Practices for GGPT. In addition, I hereby consent to the use and disclosure of my personal health information for the purposes of treatment, payment, and health care operations.

Patient or Guardian Signature: Robert McClorey Date 10/25

Payment Guarantee

I agree to pay GGPT for the services provided to me or to the party named above. If any law, such as worker's compensation, or insurance contract prohibits payment for these services I will cooperate and assist in the provision of information, authorizations, releases, or any other type of information necessary to allow for speedy collection from my third-party payer. Where the law or an insurance contract does not prohibit payment by me, I acknowledge responsibility for any and all account balances.

The benefit verification form is only an explanation of coverage obtained from my insurance company and it is not a guarantee of coverage. If the information provided by my insurance company is not accurate or the insurance company changes its coverage, I will be responsible for payment of services.

I further understand that this agreement is binding regardless of any legal transaction currently in progress or initiated during or after the course of my treatments unless agreed to in writing by me and a representative of GGPT.

Patient or Guardian Signature: Robert McClorey Date 10/25/11

McClary, Jacqueline

CONTINUATION SHEET

Ahmad

RV

OV (D) Shoulder arthroscopy / SCAP repair

10/25/11 See EVAL Jurg. Ahmad

11/8/11

S - closed - tra (D) abd and (D) scapula

O - MHAU period to (D) scapula x15m. Scap. system eye

E - scapula for brought addition of external 3x10, ball cc against well for union on/wave off and overhead move

S - scapula scap. but filling 2 normal positions, ball squeeze 1x10

well pick up 2x10 against ball on well, A and HAD in

i - study. Praise on ball for scapula and side elevation

M - well

R - Cont

11/11/11

S - no Δ's noted today

O - knee screen, addl 450 x 4m to 700pm

A - TOL well

R - Cont

11/14/11

S - no new Δ's, still 2 addl in TOL scapula

O - MHAU period to (D) scapula, 1m 4 x 10

of part for x10L

M - well

R - Cont

11/17/11

S - P. Thewissen

O - T. Xaparr

A - Pt able to stabilize scapula during closed chain activities but needed tactile cues during open chain

P - Ant. Alinsky

M - HAD

11/21/11

11/22/11

S - no Δ's

O - MHAU period (D) scapula and (D) abd x15m, P. to for 80s, after

A - well

R - Cont

11/29/11

S - P. T. NO new complaints today

O - MHAU period x15' to (L) scapula and (L) abd

herexpert's 15 CIPX10 post-ix

A - TOL + well NO complaints of pain or

P - Cont

McCloskey, Jacqueline Ahmad

12/1/11 S: Pt reports soreness (L) shld
 O: MHT prepmed x 15' to (L) shld + (L) scapula (medial border),
 there ex perf is, CP today per pt request
 A: Pt to tx well
 P: unt Allison Horley PT

12/5/11 S: Pt reports continued pain/soreness (L) shld
 O: tx as above
 A: Pt to tx well, fatigues easily in mid-lower trap during
 there ex
 P: unt Allison Horley PT

12/12/11 CX (KR)

12/13/11 Pt CX (KR)

12/19/11 S: Pt reports her shld is feeling OK, about the same, moved
 last week to illness
 O: MHT prepmed x 15' to (L) shld + (L) scap (medial border)
 there ex perf is, CP x 10' to (L) shld
 A: Pt to tx well
 P: unt Allison Horley PT

12/22/11 S: Pt reports continued pain (L) shld + (L) scap (medial border)
 O: tx as above
 A: Pt to tx well
 P: unt Allison Horley PT

12/27/11 NISAH

12/29/11 S: Pt c. knew this
 O: MHT prepmed x 15' to (L) shld + (L) medial scap border
 there ex perf is, CP x 10' to (L) shld
 A: Pt to tx well
 P: unt Allison Horley PT

1/3/12 S: Pt c. knew this
 O: tx as above
 A: Improved strength noted manual resistance exercises
 P: unt Allison Horley PT

1/5/12 S: Pt reports rd pain (L) ant shld yesterday, cannot relate
 it to any specific activity
 O: MHT prepmed x 15' to (L) shld + (L) med. scap border, there ex perf is,
 CP x 10' to (L) shld
 A: Pt to tx well
 P: unt Allison Horley PT

1/10/12 S: Pt c. knew this
 O: tx as above

CONTINUATION SHEET

McCloy, Jacqueline

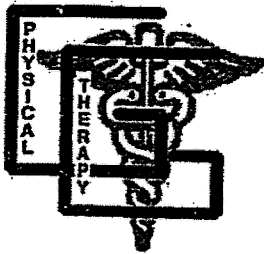
Ahmad

1/12/12 S: Pt 2 ~~chamels~~ report of med (L) shld pain and weakness of (L) med/inferior scapula while carrying a tray @ work.
O: MHT + premox x 15 to (L) med scap border and (L) shld (2 channels) therapy perfs, CPX 10' (L) shld
A: Pt to 1 tx well.

P: cont. Alison Hodge
1/17/12 S: Pt 2 @ new d's, still has a lot of pain (L) shld / (L) scap area
O: Tx as above
A: Pt to 1 tx well, still demonstrates weakness and excessive scapular motion during 1st 30° of active elevation / abd
P: cont. Alison Hodge

1/19/12 S: Pt 2 @ new d's, still in pain (L) shld / scap
O: MHT + premox x 15 to (L) shld + (L) med scap border, therapy perfs, -tossing softball x 10 reps (20 ft), CPX 10' (L) shld. Gave pt progress note for visit 2 surgeon 1/30/12
A: Pt to 1 tx well

P: cont. per med Alison Hodge



GEORGE GIOVANNONE PHYSICAL THERAPY, P.C.
1219 DOLSONTOWN ROAD • MIDDLETOWN, NY 10940 • TELEPHONE 845-344-1899

Physical Therapy Progress Note

Patient: McCloskey, Jacqueline Date: 1/19/12
Physician: Dr. Ahmad Start Date: 10/25/11
Diagnosis: S/P (L) SLAP repair Visits: 18

Treatment: Moist heat, estim, (L) scud/scapular strengthening/proprioceptive exercises, tlf, cold packs

Progress: Pt reports continued pain (L) sup scud and (L) medial scapular border & active scud flex/abd.
Arm (L) scud w/ w/ all planes, but excessive scapular elevation/lateral rotation noted during initial phase of flex/abd.

weakness (3+/5) noted (L) supraspinatus, (L) trapezius, middle trap + serratus anterior, otherwise good strength (L) scud.

Pt reports less pain & overhead activities when PT provides stabilization & (L) scapula.

Goals: (1) ↑ Arm (L) scud to w/ w/
(2) ↑ strength to (L) scud
(3) Return pt to ADLs / throwing pain

Plan: Progress & strengthening / tlf

Therapist: William Bryant Date: 1/19/12

Thank you very much for this referral.

Note: In order for treatment to continue, a recent prescription is required.



Presbyterian Hospital - New York
Orthopaedic Hospital Associates, P.C.

Performing Facility:

890 7-866-5500 FAX: 845-235-6350
MCCLUREY, JACQUELYN
4 AVILON DRIVE
GOSHEN, NY 10924
DOB: 06-Apr-1905
Gender: F
H: (845) 294-9319

Collection Date: _____
Collection Time: _____
Phlebotomist Int: _____
No. of Samples Submitted: _____

Attending Prov: AHMAD, CHRISTOPHER
NPI: 1598795445 UPIN: H84095 T:

Ordering Prov: AHMAD, CHRISTOPHER

Presbyterian Hospital - New York Orthopaedic Hospital
Associates, P.C.
822 W. 168th St 11 Center, New York, NY 10032

T: (212) 305-5974
F: (212) 305-6193

Diagnosis: 718.01

Insurance
GROUP HEALTH INSURANCE T:
P.O. BOX 2832
Pol#: 930689731 Group #:
WC/NF: No
Name of Insured **Guarantor**
MCCLUREY, ROBERT [Dependent Child] MCCLUREY, ROBERT
P.O. BOX 2832 4 AVILON DRIVE
NEW YORK, NY 10116-2832 GOSHEN, NY 10924
T: DOB: 10-Oct-1955
T: (845) 294-9319
Expected Test Date: 21 Oct 2011

[PT54]

[PHYSICAL R/O SHOULDER ARTHROSCOPIC SLAP REPAIR]

TW236651870 718.01

Order Instructions: Please follow the following instructions except as noted above.
- 3 times/week x 6 weeks
- Please evaluate and treat
- Therapeutic Exercise: FOLLOW PROTOCOL
- Manual therapy techniques, therapeutic activities, modalities as needed
- Reduce Pain/increase endurance/increase ROM/improve functional mobility

Annotations

Physician Signature: _____

Date Ordered: 10/21/2011



BENEFIT EXTENSIONS

Treatment Plan

Please note that submission of this information does not constitute an offer of coverage or approval of coverage. Coverage is subject to underwriting and must be in writing and submitted on the front portion of this form. Such coverage must be applied for by an authorized representative of the insured.

Line of Business: 11, 09, 11 Policy No: (211567) 2995

Benefit Line Name: McCLOREY From: Jaqueline DOB: 04.06.95 Sex: M ☐ F ☐

Policy Holder Certificate No: 930669731

Insured Last Name: McClore First: Robert DOB: 10/10/55

Insured Address: 4 Avalon Dr Telephone No: 845-294-9319

City: Cashen State: NY Zip Code: 10924

Name of Provider Rendering Service: GEORGE GIOVANNONE, PT, P.C. Tax ID No: 061455658

Participating Provider: ☐ Y ☐ N ☐ For Provider No: _____

Phone No: 845 344-1849 Fax No: 845 344-1836

Referring Physician (Full Name): Christopher Ahmad Telephone No: 212 305-5974

Referring MD Address: 222 West 168th St City: New York State: NY Zip Code: 10032

MEDICAL HISTORY:

Requested Service: PT ☒ OT ☐ ST ☐ Allergy ☐

Date of Onset: 8/1/2010

Symptoms: elo pain and dysfunction in the @ shoulder and scapula region

Unable to raise arm without pain within

DIAGNOSIS (Description): Shoulder - Associated Surgery (for current Insp) SLAP Repair Date 8/1/2010

ICD-9 Code(s): 1 718.01 2 3 3

CPT-4: 1 2 3

Complicating Factors: Obesity ☐ Diabetes ☐ Asthma ☐ N/A ☐ Other ☐ Specify: _____

FOR PT VISITS ONLY:

Has patient been instructed in Home Exercise Program? Yes ☒ No ☐ N/A ☐

Are there activity restrictions? ☒ Yes: He is unable to play sports (softball) 2" @ shoulder dysfunction

Home: Effectively 2004-2010 2" @ shoulder dysfunction

Work: Student - unable to participate in sports

Is there a current neurological exam? Yes ☒ No ☐ N/A ☐

% Improved: 0 ☐ 25 ☐ 50 ☐ 75 ☐ 100 ☐

Anticipated Goal of Treatment (provide specific objectives): Stabilize scapula to improve @ shoulder motion

Improve strength in scapula musculature to 5/5 @ rest

Return normal overhead motion with @ able to return to functional level

Prognosis: Optimistic at this time - I have only seen pt for 2 visits.

Has Therapy Been Continuous: ☐ Y ☒ N

Start of Care (Date): 10/25/11 Number of Visits (This Year): 2

Number of Visits Requested: 16 From Date: 11/8/11 To Date: 11/1/2012

FOR CHI USE ONLY: The modification of your request does not prohibit you from requesting further extensions.

REFERENCE NUMBER: _____

No. of visits Authorized: _____

Date From: _____ To: _____ Signature: _____ Title: _____

NOTE: This authorization is not a guarantee of coverage. This patient must be eligible for coverage at the time the actual services are rendered, and the services must be covered by the carrier under the terms of the patient's plan.

CURRENT EVAL SHOULDER

Patient: JACQUELENE MCCLOREY
1985

MRN:5713245

DOB: Apr 06,

Date of Service: 06/05/2015

To Whom It May Concern:

JACQUELENE MCCLOREY is under my care. She had left shoulder arthroscopic labral repair and capsulorrhaphy on August 16th, 2010. She fully recovered from that surgery. She was last evaluated in the office on February 27th, 2012. At that time she had full range of motion and no limitations. She is cleared for all sports and military activities. Please contact our office with questions.

Sincerely,

Christopher Ahmad, MD

Electronically signed by Julianna Kaplan Jun 5 2015 10:34AM EST Administrative

APPENDIX

**Orange Regional Medical Center
Horton Campus****HISTORY AND PHYSICAL**

60 Prospect Avenue • Middletown, New York 10940 • (845) 342-7568

Patient: MCCLOREY, JACQUELENE
Attending: AKBAR AHMED, MD
Admit Date: 08/19/2006

MR#: 373850
Svc/Rm#: INP/TOW5 512

REASON FOR ADMISSION: Ms. Jacqueline McClorey is an eleven year old female with acute appendicitis starting two days ago with right lower quadrant pain, nausea and vomiting and loss of appetite.

PAST MEDICAL HISTORY: Significant for tonsillectomy.

MEDICATIONS: No other medications apart from p.r.n. use of Motrin.

SOCIAL HISTORY: The patient has not had her period yet. There is no other relevant social history. The family is intact and she plays baseball at school.

REVIEW OF SYSTEMS: The patient's review of systems is unremarkable.

PHYSICAL EXAMINATION

GENERAL APPEARANCE: She is an overweight female. Anicteric. Acyanotic. In acute distress.

VITAL SIGNS: Temperature is 101 degrees. Tachycardia is seen. She seems to be mildly dehydrated.

CHEST: Clear to auscultation.

ABDOMEN: Soft with right lower quadrant pain and rigidity in the abdomen, more on the right side.

EXTREMITIES: Good bone mass, muscle reflexes.

CENTRAL NERVOUS SYSTEM: Intact.

PELVIC: Deferred.

RECTAL: Deferred.

LABORATORY DATA: White blood cell count of 14,000. Pregnancy test is negative. Electrolytes are normal.

Computerized axial tomography scan confirms the presence of acute appendicitis.

PLAN: The diagnosis, procedure, risks, alternatives, benefits and options have been explained to the patient. Informed consent was obtained. Intravenous hydration has been started. Intravenous Ancef has been started. The patient will proceed to the Operating Room for an open appendectomy.

AKBAR AHMED, MD

TR: amt
DD: 08/19/2006
DT: 08/21/2006
Job#: 223485
CC: None

APPENDIX

Kapil Pruthi, MD Signed on 08/20/2006 1:45:25 PM

ORANGE REGIONAL MEDICAL CENTER
60 Prospect Avenue Middletown, New York 10940
845-343-2424

Abbas Ahmed, MD Signed on 08/19/2006 9:45:26 AM

OPERATIVE REPORT

NAME: MCCLOREY, JACQUELENE
RM#:
SURGEON: AKBAR AHMED, M.D.
ASST:

MR#: 0373850
DATE: 8/19/2006

PREOPERATIVE DIAGNOSIS: ACUTE APPENDICITIS.

POSTOPERATIVE DIAGNOSIS: ACUTE GANGRENOUS RUPTURED
APPENDICITIS WITH PELVIC
PERITONITIS AND FREE PUS IN THE
RIGHT PARACOLIC GUTTER AND
PELVIS.

OPERATION: OPEN APPENDECTOMY.

ANESTHESIA: GENERAL ENDOTRACHEAL TUBE
WITH 20 CC OF 0.25% MARCAINE
INFILTRATION IN ALL LAYERS OF THE
WOUND.

ANESTHESIOLOGIST: K. KOTHARI, M.D.

PROCEDURE:

The patient was laid supine on the operating table, prepped and draped in standard fashion for a right lower quadrant incision. 0.25% Marcaine was given as a local and field block.

Standard Rocky-Davis incision was made, carried through the skin and subcutaneous tissue, Scarpa's fascia. The external oblique aponeurosis was cut along with the lateral margin of the rectus sheath. The rectus muscle was retracted medially. The posterior sheath and peritoneum were picked up between clamps, incised and entry was gained into the peritoneal cavity.

On entering the peritoneum, a large amount of pus was seen; cultures, aerobic and anaerobic, were taken. By means of a pool suction, a large amount of pus was suctioned out from the pelvis and the right paracolic gutter.

ORIGINAL

APPENDIX

ORANGE REGIONAL MEDICAL CENTER
60 Prospect Avenue Middletown, New York 10940
845-343-2424

OPERATIVE REPORT

NAME: MCCLOREY, JACQUELENE
DATE: 8/19/2006

MR#: 0373850

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On palpation, a retrocolic abscess was felt and by means of slow digital mobilization, the right colon and terminal ileum was reflected superiorly. On entering the abscess, further liberation of pus was found.

Once this was done, the appendix was gently teased off the posterior wall of the abdomen. The of the appendix was ruptured and the base of the appendix was clamped across by means of a Kelly clamp along with the mesoappendix, amputated and submitted for pathological examination. The stump of the appendix was then electrocoagulated and doubly tied with 0 Vicryl.

Because of the large amount of pus present, I introduced a Jackson-Pratt drain by a separate stab incision and placed it into the pelvis, secured to the skin with 000 nylon.

The gloves were then changed and the wound was copiously irrigated with warm normal saline along with the pelvis and the right paracolic gutter up to the subhepatic area. A fair amount of was done, approximately four liters of irrigation was used. 0.25% Marcaine was infiltrated into the peritoneum, posterior rectus sheath, subcutaneous fat and skin; a total of 20 cc.

Needle, sponge and instrument count was obtained at this point and found to be correct.

The peritoneum and fascia were then closed with a running stitch of #1 Vicryl; the anterior rectus sheath, external oblique was closed with #1 Vicryl. The subcutaneous tissue was closed with 000 Vicryl. Skin was closed by staples.

The patient tolerated the procedure well.

Estimated blood loss was minimal.

APPENDIX

ORANGE REGIONAL MEDICAL CENTER
60 Prospect Avenue Middletown, New York 10940
845-343-2424

OPERATIVE REPORT

NAME: MCCLOREY, JACQUELENE
DATE: 8/19/2006

MR#: 0373850

Page: 3

One drain was left in site.

Left the OR for the Recovery Room in stable and extubated condition.

After the surgery, I met with the family and explained to them the conduct of the operation, the operative findings and the expected postop course. All questions were answered to their full and complete understanding and satisfaction.

Dictated by: .

AKBAR AHMED, M.D.

J: 223484

D: 8/19/2006

T: 08/22/2006

PMC/kl

TONSIL



June 8, 2015

McCLOREY, JACQUELENE
145 Conklingtown Road
Chester, NY 10918,

RE: Request to Inspect, Copy or Obtain a Copy of Health Records
Records of: Jacqueline McClorey
MRN: 333556
Date of Birth: 4/6/1995
Date request received: 6/8/2015

Dear MCCLOREY, JACQUELENE,

We regret to inform you that we are unable to process your request as the patient did not receive ORMC services on the service date 2003. Records are purged after six years.

Should you have any questions, you may contact us at (845) 333-1570, Monday through Friday, 8:00 a.m. until 5:00 p.m., Eastern Standard Time, or write to the address below attention Health Information Management Department.

Sincerely,

Release of Information Representative
Health Information Management Department

ORANGE REGIONAL MEDICAL CENTER
707 EAST MAIN STREET, MIDDLETOWN, NY 10940 845-333-1000
WWW.ORMC.ORG

ROBERT L. CRISTOFARO, M.D.
JOHN M. NELSON, JR., M.D., P.C.

3010 Westchester Avenue, Suite 104 • Purchase, NY 10577 • (914) 967-8708
www.nyorthopaedic.com

(TIBIA) RECORDS

RE: Jacqueline McClorey
D.O.B. 4/6/95

To whom it may concern:
please be advised, patient was
last treated in 1998 for a
fractured tibia shaft. we
no longer have any records
pertaining to this patient.

Thank you,

R. Cristofaro, M.D.

175 Memorial Highway, Suite LL7, New Rochelle, NY 10801
100 Crystal Run Road, Suite 108, Middletown, NY 10940
32 Strawberry Hill Court, 4th Floor, Stamford, CT 06902

CURRENT EVAL ITBIA

CHARLES STROBER, M.D.

210 EAST MAIN STREET

MIDDLETOWN, NEW YORK 10940

TELEPHONE (845) 343-4848 • FAX (845) 344-4482

June 26, 2015

Re: Jacqueline McClonay
DOB 4-6-95

Mrs McClonay is medically cleared
for all contact sports + military
duties. There are no restrictions on
use of her legs.

C. Strober

Reviewed and Considered
in Applicant's Medical Profile
Dr. P Date 2/6/2008

SH
2/5/07/17